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APPLICANTS

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** CONTINUING DATA ***** *Not DCL*

** FOREIGN APPLICATIONS ***** *OK DCL*

GERMANY DE 102 41 650.8 09/09/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/28/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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Examiner's Signature *phls* Initials

ADDRESS

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TITLE

Cable strain relief device

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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